

# ENROLMENT ENQUIRY

2018

**Please provide your child's two most recent school report with this enquiry**

**CASES ID**

2 Recent Reports Requested  Reports Received

DATE OF ENQUIRY		ENROLMENT FORM <input type="checkbox"/> DATE:	START DATE
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### STUDENT DETAILS

FIRST NAME:	SURNAME:
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	YEAR LEVEL:                      DATE OF BIRTH:
ASTHMA: <input type="checkbox"/> Yes <input type="checkbox"/> No	ALLERGIES: <input type="checkbox"/> Yes <input type="checkbox"/> No      ANAPHYLAXIS: <input type="checkbox"/> Yes <input type="checkbox"/> No
IS THIS A RE-ENROLMENT ENQUIRY: <input type="checkbox"/> Yes <input type="checkbox"/> No    IF YES, WHEN DID THE STUDENT EXIT NWS P-12:	
CURRENT SCHOOL OR KINDER:	
REASON FOR TRANSFERRING:	
CURRENTLY DISABILITY FUNDED: <input type="checkbox"/> Yes <input type="checkbox"/> No    IF YES WHAT IS DISABILITY:	
IS THE FAMILY / STUDENT INVOLVED WITH ANY SUPPORT SERVICES: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Example:</i> WINDERMERE / HEADSPACE / DHS	

**ADDRESS:**

### PLEASE COMPLETE FOR STUDENT NOT BORN IN AUSTRALIA

COUNTRY OF BIRTH :	AUSTRALIAN RESIDENT:    PERMANENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/>
HOME LANGUAGE:	DATE OF ARRIVAL:                      VISA CODE:
OVERSEAS SCHOOL:	WAS THIS AN ENGLISH SCHOOL: <input type="checkbox"/> Yes <input type="checkbox"/> No

### PARENT / GUARDIAN (A)

### PARENT / GUARDIAN (B)

FIRST NAME:	FIRST NAME:
SURNAME:	SURNAME:
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RELATIONSHIP TO CHILD:	RELATIONSHIP TO CHILD:
WORK TELEPHONE NO:	WORK TELEPHONE NO:
HOME TELEPHONE NO:	HOME TELEPHONE NO:
MOBILE NO:	MOBILE NO:
EMAIL ADDRESS:	EMAIL ADDRESS:
ADDRESS: <i>(If different from above)</i>	ADDRESS: <i>(If different from above)</i>

### OFFICE USE

MELWAY REF:	NEIGHBOURHOOD SCHOOL <input type="checkbox"/> Yes <input type="checkbox"/> No
NEW ARRIVAL NEVER ATTENDED AUSTRALIAN SCHOOL: <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES, REFER TO ENGLISH LANGUAGE SCHOOL FOR ASSESSMENT- DATE REFERRED:	
CHECK VISA CODE FOR FEE PAYMENT OR EXEMPTION:	

**APPLICATION RECEIVED BY:**

INTERVIEWER'S NAME:	INTERVIEW DATE:	INTERVIEW TIME:
CHECK IF THE ADDRESS IS WITHIN THE ZONE <input type="checkbox"/> CHECK RESIDENCY STATUS <input type="checkbox"/> SUITABLE FOR ENROLMENT <input type="checkbox"/>		
LANGUAGE BACKGROUND OTHER THAN ENGLISH <input type="checkbox"/> INTREPRETER REQUIRED <input type="checkbox"/> SIBLINGS AT P-12 <input type="checkbox"/>		
CHECK PASSPORT/BIRTH CERTIFICATE/BIRTHDATE/YEAR LEVEL <input type="checkbox"/> FULL FEE PAYING STATUS REFER TO ISD <input type="checkbox"/>		
HAS THE STUDENT RECEIVED DISABILITY FUND <input type="checkbox"/>		

